

VOLUNTARY VISION INSURANCE

Superior Vision

SUPERIOR VISION	FULL SERVICE		MATERIALS ONLY	
Frequency Limitations				
Eye Examination		Once Every 12 Months		Not Covered
Lenses		Once Every 12 Months		Once every 12 Months
Frame		Once Every 24 Months		Once every 24 Months
Contact Lenses		Once Every 12 Months		Once Every 12 Months
Vision Benefits				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exam	100%	Up To \$35	No Coverage	No Coverage
Frames	Up To \$125	Up To \$70	Up To \$125	Up To \$70
Lens Benefit <i>(clear, standard, glass or plastic)</i>		Up To:		Up To:
Single	100%	\$25	100%	\$25
Bifocal	100%	\$40	100%	\$40
Trifocal	100%	\$45	100%	\$45
Contact Lens Benefit		Up To:		Up To:
Medically Necessary <i>(with pre-auth.)</i>	100%	\$150	100%	\$150
Elective <i>(in lieu of spectacle glasses)</i>	Up To \$150	\$125	\$150	\$125

Refer to the Summary of Benefits (SBC) for detailed medical plan coverage information.

BI-WEEKLY RATES	FULL SERVICE	MATERIALS ONLY
Employee	\$3.95	\$2.80
Limited Family	\$7.91	\$5.58
Family	\$10.48	\$7.39

NOTE: Limited Family is defined as Employee + Spouse or Employee + Child(ren)

SUPERIOR VISION - FIND A PROVIDER

Go To: https://www.superiorvision.com/member/locate_provider

1. Click on "Find a Provider"
2. Enter location
3. Coverage Type "Insurance Through Your Employer"
4. Choose Your Network "Superior Select Midwest"
5. Click on "Find Providers"